

APPLICATION DATA SHEET**Application Information**

Application number::
Filing Date::
Application Type:: Regular
Subject Matter:: Utility
Suggested classification::
Suggested Group Art Unit::
CD-ROM or CD-R?::
Number of CD disks::
Number of copies of CDs::
Sequence submission?:: Paper
Computer Readable Form (CRF)?:: Yes
Number of copies of CRF:: 1
Title :: COMPOSITIONS AND METHODS FOR
REGULATING LYMPHOCYTE ACTIVATION
Attorney Docket Number:: 980034.408C1
Request for Early Publication?:: No
Request for Non-Publication?:: No
Suggested Drawing Figure::
Total Drawing Sheets:: 33
Small Entity?:: Yes
Petition included?:: No
Petition Type::
Licensed U.S. Gov't Agency::
Contract or Grant No::
Secrecy Order in Parent Appl.?:: No

First Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Jeffrey
Middle Name:: A
Family Name:: Ledbetter
Name Suffix::
City of Residence:: Shoreline
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 18798 Ridgefield Road NW
City of mailing address:: Shoreline
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98177

Second Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Martha
Middle Name::
Family Name:: Hayden-Ledbetter
Name Suffix::
City of Residence:: Shoreline
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 18798 Ridgefield Road NW

City of mailing address:: Shoreline
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98177

Third Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: William
Middle Name:: A
Family Name:: Brady
Name Suffix::
City of Residence:: Bothell
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 618 219th Place SW
City of mailing address:: Bothell
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98021

Fourth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Laura
Middle Name:: S
Family Name:: Grosmaire

Name Suffix::

City of Residence:: Hobart
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: P.O. Box 252
City of mailing address:: Hobart
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98025

Fifth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: United Kingdom
Status:: Full Capacity
Given Name:: Che-Leung
Middle Name::
Family Name:: Law
Name Suffix::
City of Residence:: Shoreline
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 18834 Fremont Avenue North
City of mailing address:: Shoreline
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98133

Sixth Applicant Information

Applicant Authority Type:: Inventor
Primary Citizenship Country:: India
Status:: Full Capacity
Given Name:: Raj
Middle Name::
Family Name:: Dua
Name Suffix::
City of Residence:: Issaquah
State or Province of Residence:: WA
Country of Residence:: US
Street of mailing address:: 25936 SE 39th Place
City of mailing address:: Issaquah
State or Province of mailing address:: WA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 98029

Correspondence InformationCorrespondence Customer Number :: **00500****Representative Information**

Representative Customer Number::		00500
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Domestic Priority Information

Application ::	Continuity Type::	Parent Application::	Parent Filing Date::
This Application	Continuation of	09/252,150	02/18/99
09/252,150	An application claiming the benefit under 35 USC 119(e)	60/108,683	11/16/98
09/252,150	An application claiming the benefit under 35 USC 119(e)	60/075,274	02/19/98

Foreign Priority Information

Country::	Application number::	Filing Date::	Priority Claimed::

Assignee Information

Assignee name::	XCYTE Therapies, Inc.
Street of mailing address::	1124 Columbia Street, Suite 130
City of mailing address::	Seattle
State or Province of mailing address::	WA
Country of mailing address::	US
Postal or Zip Code of mailing address::	98104